In this issue: The health response to the crisis following Tropical Cyclone Pam in Vanuatu, the crisis in Iraq and the Third World Conference on Disaster Risk Reduction.

Tropical Cyclone Pam in Vanuatu

Situation highlights

Tropical Cyclone Pam has been described as the strongest cyclone to hit the Pacific in more than a decade. The severe storm battered Vanuatu with winds of over 250 km/h and 1-metre storm surges. Kiribati, the Solomon Islands and Tuvalu were also impacted and given a Grade 1 emergency level while Vanuatu is given a Grade 2 emergency level.

The cyclone has affected more than 166,000 people in Vanuatu, representing more than 70% of the total population of the country, and has caused widespread and severe damage throughout the country. More than 4000 people have been displaced from their homes. The total number of fatalities to date is 11. The number of injured is increasing daily as patients, many with infected and untreated wounds, are beginning to access health facilities as transportation routes reopen. However, health service delivery has been severely disrupted, mainly due to the damage inflicted on health facilities. Water and energy supplies have also been impacted.

Over 60% of health facilities are damaged. Two out of the six hospitals are severely damaged and four out of the ten assessed health centres are severely damaged. It is expected that more than 30 health facilities will need reconstruction and/or rehabilitation. In addition, it is estimated that the cold chain equipment in around 18 health facilities will require replacement.

Thirteen Foreign Medical Teams (FMTs), from Australia, New Zealand and New Caledonia, were deployed to provide a continuum of care in the affected islands (Tanna, Efate, Penecost, Ambrym, Shepherd, including Togariki, Tongoa and Epi). Two more will be deployed to priority areas in the coming days.

Health Cluster priorities

- Support to Vila Central Hospital, including repairs to the morgue
- Provision of medical supplies
- The dissemination of rapid diagnostic tests and hygiene kits
- Enhancement of disease surveillance and outbreak response
- Health promotion activities to prevent the spread of measles, diarrhoeal diseases, etc.

Health response

WHO is working with the Vanuatu Ministry of Health (MoH) to co-chair the Health Cluster (totalling up to 24 health partners) and an Emergency Support Team has been established in WHO’s Western Pacific Regional Office.

WHO country office staff have repurposed the office to ensure coverage of four critical functions in the emergency response: leadership, information management, technical expertise and core services. WHO has mobilized health and emergency response staff and experts from the stand-by partners (RedR) along with supplies to assist in the response. Immediate health response activities supported by WHO include:

1. **Prevention**: Activities focused on disease control, prevention and response to outbreaks of communicable diseases, focusing on the following activities:
   - Expanding Disease Early Warning and Response Network (EWARN) from 15 to 24 sites
   - Vaccination (i.e. measles)
   - Clinical case management
Health emergency highlights

- Vector control (malaria mosquito net distribution, dengue rapid diagnostic tests)
- Risk communications (community awareness and engagement, post cyclone messaging targeted at measles vaccination, injury, boiling water (WASH activities), nutrition and vector control

2. Treatment: Supporting the Vanuatu MoH with technical assistance and coordination of international partners to ensure that essential health services to treat survivors of the cyclone are available and sustained throughout the response phase. These essential health services include:
   - Adequate emergency/trauma care
   - Maternal and child health care
   - Adequate medical personnel for the key affected areas
   - Expanded programme on immunization - mass vaccination of targeted populations to prevent outbreaks of measles
   - Nutrition – in collaboration with UNICEF, providing in-patient treatment of severe acute malnutrition with medical complications in referral hospitals

3. Rebuilding health infrastructure: Supporting the MoH with practical assistance and equipment procurement as well as technical health planning assistance and coordination of international partners and resources to rebuild severely damaged/destroyed health infrastructure in affected areas
   - Health facility assessments
   - Repairing damaged/destroyed health facility structures

4. Protection: Supporting health partners with the identification and protection of vulnerable populations from gender-based violence and exploitation, as well as financial hardship resulting from the costs of health care
   - Mental health and psychosocial support—addressing the impact on social and emotional health

5. Coordination: Supporting the MoH with the coordination of international partners and with linkages with other response clusters and sectors to ensure an effective response
   - Health Cluster coordination—includes health assessments, partner inventory and FMT coordination
   - Communication of key health issues (with the public and other agencies) for the purpose of disease prevention

Iraq

Situation highlights

Since January 2014, armed conflict in Iraq has escalated into a humanitarian crisis affecting 5.2 million people in need of humanitarian assistance, of whom 2.5 million are internally displaced. Three major waves of displacement plus several smaller waves occurred in 2014. While all 18 governorates are now hosting families fleeing violence, approximately 40% of the internally displaced persons (IDPs) have sought refuge in the Kurdistan Region of Iraq (KRI). The recent intense fighting in Salah al-Din threatens to displace tens of thousands more people. IDPs have been forced to settle in public facilities, makeshift shelters, or other communal living arrangements where overcrowding and poor sanitation pose serious threats to their health.

In Dohuk Governorate, an estimated 8000 Internally Displaced People (IDPs) are still reported to be living in unfinished buildings, (Directorate of Health, Dohuk). However humanitarian partners continue to work with authorities in Dohuk to ensure all people living in unfinished buildings are settled in adequate shelters.
Public health concerns

Iraq faces multiple complex public health threats. Widespread attrition of the health workforce, damage to health facilities, and disrupted supply chains are the dominant concerns. The situation is especially acute in and around Mosul and Tikrit and other insecure areas in KRI. In areas of intense fighting, an estimated 80% of health facilities are not functioning while around 50% of specialized health care staff have migrated. IDPs are living in camp-like settings with limited water and sanitation and reduced access to health care. There has been a rise in the incidence of waterborne diseases, particularly epidemic-prone diseases, and an exacerbation of noncommunicable chronic diseases. WHO and health partners have identified the need to ensure access to essential life-saving health care services as a key priority, especially in newly liberated areas.

Health sector objectives

- Improve access to health care services
- Early warning and response to outbreaks of infectious diseases
- Improve the regular monitoring and case management of patients with chronic diseases, including the provision of life-saving medications
- Support mental health and psychosocial support services.

Health response

WHO, in collaboration with the Directorate of Health (DOH) of Erbil, assessed the health services in Shaqlawa General Hospital in order to establish the capacity of the health facility to cope with increased patient caseloads. Shaqlawa General Hospital is the only general hospital in the district that caters for a population of 19,000 in the host community and 23,000 IDPs. It receives referrals from eight primary health care centres and three hospitals in the sub districts with a bed capacity of 100 beds. Statistics from the hospital admissions showed that the number of patients’ consultations increased more than 200% in 2014 as compared to 2013.

- WHO, in response to the reported shortages of supplies used in X-Ray imaging delivered X-ray developers and X-ray fixers to the DOH in Duhok and Kirkuk as part of its support of ensuring access to quality health services by IDPs, host communities and refugees.

- The first national polio campaign for 2015 was launched with support from WHO and UNICEF. The campaign was conducted for five days from 22 February to 26 February, 2015 in all parts of the country except the Kurdistan Region of Iraq (KR-I)). In Erbil and Sulaymaniyah the polio campaign was combined with the measles campaign. The national campaign targeted 5.9 million children aged 0 month to 5 years of age countrywide for polio and 673,052 children aged 9 month to 5 years for measles in the Kurdistan region. The results of the campaign are being analysed and will be shared.

- As part of the supervision and monitoring of the vaccination campaign, WHO and UNICEF conducted field visits to vaccination sites and DOHs in Erbil and Duhok governorates.

- To ensure the continuation of immunization services in Ninewa, the Federal Ministry of Health with support from partners delivered a number of vaccination antigens including 31,500 doses of pentavalent vaccine, 23,400 doses of tetravalent vaccines, 6,000 doses of rotavirus vaccines and 43,000 doses of Measles Mumps and Rubella (MMR) vaccines.

- WHO continues to support the Federal Ministry of Health in building the capacity of the staff working in the recently established Regional Emergency Medicine Training Centre in Baghdad. The Training Centre has a capacity of over 60 residential professionals.
Putting people’s health at the centre of the new global blueprint to reduce disaster risks

14 – 18 March 2015 | Sendai - Ten years since adopting the Hyogo Framework for Action in Kobe shortly after the Indian Ocean Tsunami, government representatives gathered in Sendai, Japan on 14-18 March to negotiate a new framework for global action to reduce the risks of disasters. For the first time, protecting people's health is at the centre of such a framework.

“In the 10 years since Hyogo, governments have increasingly recognized that healthy people are resilient people, and that resilient people recover much more quickly from emergencies and disasters," says Dr Bruce Aylward, Assistant Director General for Emergencies at the World Health Organization (WHO). "Recent and ongoing disasters – from Typhoon Haiyan in the Philippines to the Ebola crisis in West Africa – highlight the centrality of human health to our collective goals in disaster risk reduction by all sectors."

WHO presented its commitments to support countries to translate the goals of the new international framework negotiated at the 3rd World Conference on Disease of Risk Reduction into stronger action for health. Key principles and areas for action in the Sendai Framework are aligned with WHO’s new policy framework on Emergency & Disaster Risk Management for Health to help countries to effectively manage emergency risks and reduce their health consequences.

WHO’s supports countries to:

- conduct risk and capacity assessments,
- implement the Safe Hospitals Initiative,
- enhance all-hazards emergency preparedness and support the effective integration and collaboration of the health sector with the national multisectoral disaster management authorities.

Recognizing the importance of multi-hazard early warning systems to disaster risk reduction, WHO renewed its commitment to help all Member States achieve their core capacities to detect, assess, notify and respond to epidemics and other public health threats under the International Health Regulations (2005), including strengthening surveillance systems. WHO has also supported the establishment of the WHO-WMO climate and health office and renewal of the global plan on climate and health and the implementation of the Global Framework for Climate Services.

WHO has also released a new Comprehensive Safe Hospital Framework and launched the Hospital Safety Index (2nd Edition) to make hospitals safe and operational in disasters, which was one of the key targets under discussion in Sendai. WHO’s collaboration with the World Meteorological Organization (WMO) to establish the WHO-WMO Climate and Health Office and implement the Global Framework for Climate Services to meet the climate information needs of the health sector will also contribute significantly to reducing risks to health of extreme weather and climate-related hazards and climate-sensitive diseases.

Overall, more than 6500 delegates and some 20 000 members of the public participated in the 3rd World Conference for Disaster Risk Reduction, making it one of the largest conferences ever held in Japan.

For further information on the Third World Conference on Disaster Risk Reduction and reducing the health consequences of disasters, please visit:

http://www.who.int/hac/events/disaster_reduction/iddr_2015/en/